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PTO/SB/01 (3-97)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION		Attorney Docket No.																													
		First Named Inventor																													
		COMPLETE IF KNOWN																													
		Application No.																													
		Filing Date																													
		Group Art Unit																													
Examiner Name																															
<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Declaration submitted with or initial filing</div><div><input type="checkbox"/> Declaration submitted after initial filing</div></div>																															
<p>As a below named inventor, I hereby declare that:</p> <p>My residence, post office address, and citizenship are as stated below next to my name.</p> <p>I believe I am the original, first and sole inventor (only if one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:</p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 5px auto; width: 60%;">OPHTHALMIC APPARATUS</div> <p style="text-align: center; margin: 0;">(Title of the Invention)</p> <p>the specification of which</p> <div style="display: flex; align-items: flex-start;"><div style="margin-right: 10px;"><input checked="" type="checkbox"/> is attached hereto or <input type="checkbox"/></div><div><p>was filed on _____, as United States Application Number or PCT International Application Number: _____ and was amended on _____ (if applicable).</p></div></div> <p>I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56.</p>																															
<p>I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a) -(d) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th rowspan="2">Prior Foreign Application Number(s)</th><th rowspan="2">Country</th><th rowspan="2">Foreign Filing Date (MM/DD/YY)</th><th rowspan="2">Priority Claimed</th><th colspan="2">Certified Copy Attached</th></tr><tr><th>YES</th><th>NO</th></tr></thead><tbody><tr><td>JP2003-95822</td><td>JAPAN</td><td>03/31/2003</td><td>YES</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>JP2004-55424</td><td>JAPAN</td><td>02/27/2004</td><td>YES</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table> <p><input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.</p>						Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Claimed	Certified Copy Attached		YES	NO	JP2003-95822	JAPAN	03/31/2003	YES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	JP2004-55424	JAPAN	02/27/2004	YES	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
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JP2004-55424	JAPAN	02/27/2004	YES	<input checked="" type="checkbox"/>	<input type="checkbox"/>																										
				<input type="checkbox"/>	<input type="checkbox"/>																										
<p>I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Application Number (s)</th><th>Filing Date (MM/DD/YY)</th></tr></thead><tbody><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></tbody></table> <div style="display: flex; align-items: center; margin-top: 10px;"><input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.</div>						Application Number (s)	Filing Date (MM/DD/YY)																								
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DECLARATION - Utility Or Design Patent Application

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the matter provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☐ Customer Number

or

☒ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
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G. Thomas Williams	42,228	Eugene G. Byrd	47,361
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☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to ☒ Customer Number 23353 or ☐ Correspondence Address below

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of First Inventor ☐ A petition has been filed for this unsigned inventor

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Name of Third Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle (if any))				Family Name or Surname				
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